

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		10-13-99
O.I.P.E. CLASSIFIER			10/15/99
FORMALITY REVIEW		7/10/99	10/12

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 10/13/99
2	✓ 10/13/99
3	✓ 10/13/99
4	✓ 10/13/99
5	✓ 10/13/99
6	✓ 10/13/99
7	✓ 10/13/99
8	✓ 10/13/99
9	✓ 10/13/99
10	✓ 10/13/99
11	✓ 10/13/99
12	✓ 10/13/99
13	✓ 10/13/99
14	✓ 10/13/99
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31	✓ 10/13/99
32	✓ 10/13/99
33	✓ 10/13/99
34	✓ 10/13/99
35	✓ 10/13/99
36	✓ 10/13/99
37	✓ 10/13/99
38	✓ 10/13/99
39	✓ 10/13/99
40	✓ 10/13/99
41	✓ 10/13/99
42	✓ 10/13/99
43	✓ 10/13/99
44	✓ 10/13/99
45	✓ 10/13/99
46	✓ 10/13/99
47	✓ 10/13/99
48	✓ 10/13/99
49	✓ 10/13/99
50	✓ 10/13/99

Claim	Date
Final	
Original	
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here